



CITY OF LAS VEGAS  
DEPARTMENT OF PLANNING  
BUSINESS LICENSING DIVISION  
333 N. Rancho Dr., 6<sup>th</sup> Floor  
Las Vegas, NV 89106

Fax (702) 382-6642  
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E-mail us at [mme@lasvegasnevada.gov](mailto:mme@lasvegasnevada.gov)

### **MEDICAL MARIJUANA LICENSE ACKNOWLEDGMENT**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Initial \_\_\_\_\_ I, (name), an authorized agent or owner of the above mentioned business, understand applicable federal laws, U.S. Department of Justice guidance or directives, the laws of the State of Nevada, and the applicable laws and regulations of the City concerning the operation of a medical marijuana establishment.

Initial \_\_\_\_\_ I acknowledge that at all times throughout the term of this license, it is my responsibility to be aware of any and all changes to federal, State of Nevada, and City laws, regulations, and guidance or directives concerning the operation of a medical marijuana establishment.

Initial \_\_\_\_\_ I acknowledge that any violation of any laws or regulations of the State of Nevada, or of the City, or any activity in violation of U.S. Department of Justice guidance or directives, in the above mentioned business, or in connection therewith may render this license subject to immediate suspension or revocation.

Initial \_\_\_\_\_ I acknowledge that the commencement of any legal proceeding relating to the above mentioned medical marijuana establishment by federal authorities may render this license subject to immediate suspension or revocation.

Initial \_\_\_\_\_ I have provided the City with a two hundred fifty thousand dollar bond or cash to secure this obligation, and I attest that the bond shall remain in force throughout the term of the license.

Initial \_\_\_\_\_ I have provided the City with a bond or cash in the penal sum of fifty thousand dollars. The bond is conditioned to be paid to the City for all license fees and penalties owing against the license. I attest that the bond shall remain in force throughout the term of the license.



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Initial \_\_\_\_\_ I have secured a certificate of insurance in the amounts and terms set forth in Las Vegas Municipal Code 6.95.090(F). I will maintain this insurance throughout the term of the license. I acknowledge that any failure to maintain this insurance coverage or provide proof of insurance shall be grounds for suspension of this license.

Initial \_\_\_\_\_ Pursuant to Las Vegas Municipal Code 6.95.090(D), The following principal was designated to take the Director's Medical Marijuana written test and received a passing score: \_\_\_\_\_.

Initial \_\_\_\_\_ Pursuant to Las Vegas Municipal Code 6.95.090(D), The following Key Employee was designated to take the Director's Medical Marijuana written test and received a passing score: \_\_\_\_\_.

In addition to the above, all of the conditions placed on my license have been explained to me. I understand that failure to abide by these conditions or with Las Vegas Municipal Code Chapter 6.95 may result in immediate suspension of my license by the Director pursuant to Las Vegas Municipal Code 6.95.220.

\_\_\_\_\_  
Signature of Business Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (City Representative)

\_\_\_\_\_  
Date